

TRANSCRIPT ORDER

Please Read Instructions:

TRANSCRIPT ORDER				DUE DATE:					
<p>1. NAME Michael Fishel</p> <p>4. DELIVERY ADDRESS OR EMAIL mfishel@sidley.com</p> <p>8. CASE NUMBER 20-33948</p> <p>9. JUDGE Isgur</p>						2. PHONE NUMBER (713) 495-4645		3. DATE 3/24/2021	
						5. CITY Houston		6. STATE TX	7. ZIP CODE 77002
						DATES OF PROCEEDINGS			
						10. FROM 3/24/2021		11. TO 3/24/2021	
						LOCATION OF PROCEEDINGS			
						12. CASE NAME Fieldwood Energy LLC		13. CITY Houston	
						14. STATE TX			
<p>15. ORDER FOR</p> <p><input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY</p> <p><input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER</p>									
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)									
PORTIONS		DATE(S)		PORTION(S)		DATE(S)			
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)					
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)									
<input type="checkbox"/> OPENING STATEMENT (Defendant)									
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy)					
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)									
<input type="checkbox"/> OPINION OF COURT									
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)					
<input type="checkbox"/> SENTENCING				COPY of Hearing Held on		03/24/2021			
<input type="checkbox"/> BAIL HEARING									
17. ORDER									
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE			COSTS		
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES						
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES						
EXPEDITED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES						
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES						
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES						
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES						
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>							
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL			0.00		
18. SIGNATURE <i>/s/ Michael Fishel</i>				PROCESSED BY					
19. DATE 3/24/2021				PHONE NUMBER					
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS					
ORDER RECEIVED		DATE	BY						
DEPOSIT PAID				DEPOSIT PAID					
TRANSCRIPT ORDERED				TOTAL CHARGES			0.00		
TRANSCRIPT RECEIVED				LESS DEPOSIT			0.00		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED					
PARTY RECEIVED TRANSCRIPT				TOTAL DUE			0.00		

DISTRIBUTION:

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ORDER COPY